

Fill in this information to identify your case:

United States Bankruptcy Court for the:

**Western District of Washington**

Case number (*If known*): \_\_\_\_\_ Chapter you are filing under:

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

**Official Form 101**

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Patricia**

First name

**E.K.**

Middle name

**Schoenbachler**

Last name

Suffix (Sr., Jr, II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

First name

Middle name

Last name

Suffix (Sr., Jr, II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

First name

Middle name

Last name

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

xxx - xx - 3 0 8 6

OR

9xx - xx - \_\_\_\_\_

xxx - xx - \_\_\_\_\_

OR

9xx - xx - \_\_\_\_\_

Debtor 1

Patricia      E.K.      Schoenbachler  
First Name      Middle Name      Last Name

Case number (*if known*) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**5. Where you live**

21613 134th St E

Number      Street

**If Debtor 2 lives at a different address:**

Number      Street

Bonney Lake, WA 98391-6503

City      State      ZIP Code

City      State      ZIP Code

Pierce

County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number      Street

Number      Street

PO Box 1024

P.O. Box

P.O. Box

Orting, WA 98360

City      State      ZIP Code

City      State      ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408)

Debtor 1

Patricia  
First NameE.K.  
Middle NameSchoenbachler  
Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Tell the Court About Your Bankruptcy Case

## 7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form B2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

## 8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

## 9. Have you filed for bankruptcy within the last 8 years?

No.

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

## 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No.

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY  
 Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY

## 11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Patricia  
First Name

E.K.

Middle Name

Schoenbachler  
Last Name

Case number (*if known*) \_\_\_\_\_

Part 3: Report About Any Businesses You Own as a Sole Proprietor

**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

No. Go to Part 4.

Yes. Name and location of business

Name of business, if any

Number      Street

City

State

ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property?

Number      Street

City

State

ZIP Code

## Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Patricia  
First NameE.K.  
Middle NameSchoenbachler  
Last Name

Case number (if known) \_\_\_\_\_

## Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
 No. Go to line 16b.  
 Yes. Go to line 17.
- 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
 No. Go to line 16c.  
 Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts.  
\_\_\_\_\_
17. Are you filing under Chapter 7?
 No. I am not filing under Chapter 7. Go to line 18.  
 Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes
18. How many creditors do you estimate that you owe?
 1-49       1,000-5,000       25,001-50,000       50,000-100,000       More than 100,000  
 50-99       5,001-10,000  
 100-199       10,001-25,000  
 200-999
19. How much do you estimate your assets to be worth?
 \$0-\$50,000       \$1,000,001-\$10 million       \$500,000,001-\$1 billion  
 \$50,001-\$100,000       \$10,000,001-\$50 million       \$1,000,000,001-\$10 billion  
 \$100,001-\$500,000       \$50,000,001-\$100 million       \$10,000,000,001-\$50 billion  
 \$500,001-\$1 million       \$100,000,001-\$500 million       More than \$50 billion
20. How much do you estimate your liabilities to be?
 \$0-\$50,000       \$1,000,001-\$10 million       \$500,000,001-\$1 billion  
 \$50,001-\$100,000       \$10,000,001-\$50 million       \$1,000,000,001-\$10 billion  
 \$100,001-\$500,000       \$50,000,001-\$100 million       \$10,000,000,001-\$50 billion  
 \$500,001-\$1 million       \$100,000,001-\$500 million       More than \$50 billion

## Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Patricia E.K. Schoenbachler

Patricia E.K. Schoenbachler, Debtor 1

Executed on 07/16/2019

MM/ DD/ YYYY

Debtor 1

Patricia  
First Name

E.K.  
Middle Name

Schoenbachler  
Last Name

Case number (*if known*) \_\_\_\_\_

**For your attorney, if you are  
represented by one**

**If you are not represented by an  
attorney, you do not need to file this  
page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Jacob D DeGraaff

Jacob D DeGraaff, Attorney

Date 07/16/2019

MM / DD / YYYY

Jacob D DeGraaff

Printed name

Henry & DeGraaff, P.S.

Firm name

787 Maynard Ave S

Number Street

Henry & DeGraaff, PS

Seattle

City

WA

State ZIP Code

Contact phone (206) 330-0595

Email address jacobd@hdm-legal.com

36713

Bar number

WA

State

Fill in this information to identify your case:

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbachler</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>Western District of Washington</b>			
Case number (if known)			

Check if this is an amended filing

## Official Form 104

### For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

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If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

1	What is the nature of the claim? <u>medical bills from late husband</u>	\$601,036.71
PUGET SOUND COLLECTIONS		
Creditor's Name		
PO BOX 66995		
Number	Street	
TACOMA, 98464-6995		
City	State	Zip Code
Contact		
Contact phone		
As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent		
<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Disputed		
<input type="checkbox"/> None of the above apply		
Does the creditor have a lien on your property? <u>Unsecured</u>		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes.		
Total claim (secured and unsecured): _____		
Value of security: _____ - _____		
Unsecured Claim: _____		

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbacher</b>	Case number ( <i>if known</i> ) _____
	First Name	Middle Name	Last Name	
<b>2</b>	<b>What is the nature of the claim?</b> _____			<b>Unsecured claim</b> _____ \$128,243.97
Shellpoint Mortgage Servicing Creditor's Name				<b>As of the date you file, the claim is:</b> Check all that apply.
PO Box 10826 Number Street				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply
Greenville, 29603 City State Zip Code				<b>Does the creditor have a lien on your property? Secured</b>
				<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes.
Contact _____				Total claim (secured and unsecured): \$590,068.97 Value of security: - \$461,825.00 Unsecured Claim: _____ \$128,243.97
Contact phone _____				
<b>3</b>	<b>What is the nature of the claim?</b> _____			\$27,000.00
IRS Centralized Insolvency Operation Creditor's Name				<b>As of the date you file, the claim is:</b> Check all that apply.
Po Box 7346 Number Street				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply
Philadelphia, 19101-7346 City State Zip Code				<b>Does the creditor have a lien on your property? Priority</b>
Contact _____				<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes.
Contact phone _____				Total claim (secured and unsecured): \$27,000.00 Value of security: - \$0.00 Unsecured Claim: _____ \$27,000.00
<b>4</b>	<b>What is the nature of the claim?</b> _____ medical bill			\$3,326.64
Capio Partners Creditor's Name				<b>As of the date you file, the claim is:</b> Check all that apply.
2222 Texoma Pkwy Number Street				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply
Sherman, 75090 City State Zip Code				<b>Does the creditor have a lien on your property? Unsecured</b>
Contact _____				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.
Contact phone _____				Total claim (secured and unsecured): _____ Value of security: - _____ Unsecured Claim: _____

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbacher</b>	Case number ( <i>if known</i> ) _____
	First Name	Middle Name	Last Name	
<b>5</b>	<b>What is the nature of the claim?</b> _____ medical bill			<b>Unsecured claim</b> _____ \$1,034.03
Audit & Adjustment Creditor's Name 20700 44TH AVE W Number Street Lynnwood, 98036 City State Zip Code			<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply	
Contact _____ Contact phone _____			<b>Does the creditor have a lien on your property? Unsecured</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ - _____ Unsecured Claim: _____	
<b>6</b>	<b>What is the nature of the claim?</b> _____ medical bill for late husband			\$388.26
IC System Creditor's Name PO Box 64437 Number Street Saint Paul, 55164 City State Zip Code			<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply	
Contact _____ Contact phone _____			<b>Does the creditor have a lien on your property? Unsecured</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ - _____ Unsecured Claim: _____	
<b>7</b>	<b>What is the nature of the claim?</b> _____ medical bill			\$342.71
AMCA Collection Agency Creditor's Name 4 Westchester Plaza Building 4 Number Street Elmsford, 10523 City State Zip Code			<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply	
Contact _____ Contact phone _____			<b>Does the creditor have a lien on your property? Unsecured</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ - _____ Unsecured Claim: _____	

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbacher</b>	Case number ( <i>if known</i> ) _____
	First Name	Middle Name	Last Name	

**Unsecured claim**

<b>8</b>	<b>What is the nature of the claim?</b> _____	medical bill _____
	<b>\$18.48</b>	
Washington Nuclear Medicine		<b>As of the date you file, the claim is:</b> Check all that apply.
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input checked="" type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply
		<b>Does the creditor have a lien on your property? Unsecured</b>
		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes.
		Total claim (secured and unsecured): _____
		Value of security: _____ - _____
		Unsecured Claim: _____

  

<b>9</b>	<b>What is the nature of the claim?</b> _____	_____
	<b>_____</b>	
Creditor's Name		<b>As of the date you file, the claim is:</b> Check all that apply.
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply
		<b>Does the creditor have a lien on your property?</b>
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes.
		Total claim (secured and unsecured): _____
		Value of security: _____ - _____
		Unsecured Claim: _____

  

<b>10</b>	<b>What is the nature of the claim?</b> _____	_____
	<b>_____</b>	
Creditor's Name		<b>As of the date you file, the claim is:</b> Check all that apply.
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply
		<b>Does the creditor have a lien on your property?</b>
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes.
		Total claim (secured and unsecured): _____
		Value of security: _____ - _____
		Unsecured Claim: _____

Debtor 1

**Patricia**      **E.K.**      **Schoenbacher**

First Name      Middle Name      Last Name

Case number (*if known*) \_\_\_\_\_**Unsecured claim**

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**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

12

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

13

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

Debtor 1

**Patricia**      **E.K.**      **Schoenbacher**

First Name      Middle Name      Last Name

Case number (*if known*) \_\_\_\_\_**Unsecured claim**

14

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

15

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

16

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

Debtor 1

**Patricia**      **E.K.**      **Schoenbacher**

First Name      Middle Name      Last Name

Case number (*if known*) \_\_\_\_\_**Unsecured claim**

17

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

18

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

19

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

Debtor 1

**Patricia**      **E.K.**      **Schoenbacher**

First Name

Middle Name

Last Name

Case number (*if known*) \_\_\_\_\_

**Unsecured claim**

20

**What is the nature of the claim?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property?**

- No  
 Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

Part 2: Sign Below

**Under penalty of perjury, I declare that the information provided in this form is true and correct.**

X

/s/ Patricia E.K. Schoenbacher

Signature of Debtor 1

X

\_\_\_\_\_

Signature of Debtor 2

Date 07/16/2019  
MM/ DD/ YYYY

Date                     
MM/ DD/ YYYY

Fill in this information to identify your case and this filing:

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbacher</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number	_____		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

###### 1.1 Farm with house and mobile home.

Street address, if available, or other description

303-304 Meadow Lane

Orting, WA 98360

City State ZIP Code

Pierce

County

###### What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:  
*Creditors Who Have Claims Secured by Property.*

Current value of the entire property?

\$461,825.00

Current value of the portion you own?

\$461,825.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property  
(see instructions)

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....



\$461,825.00

Debtor 1

Patricia  
First NameE.K.  
Middle NameSchoenbachler  
Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No  
 Yes

3.3 Make:

Chevrolet**Who has an interest in the property?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model:

pickup

Year:

1985

Approximate mileage:

Other information:

- Check if this is community property (see instructions)

Current value of the entire property?

\$2,000.00

Current value of the portion you own?

\$2,000.00

If you own or have more than one, list here:

3.4 Make:

Chevrolet**Who has an interest in the property?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model:

Year:

1992

Approximate mileage:

Other information:

- Check if this is community property (see instructions)

Current value of the entire property?

\$1,000.00

Current value of the portion you own?

\$1,000.00

3.1 Make:

Chevrolet**Who has an interest in the property?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model:

Tahoe

Year:

2007

Approximate mileage:

Other information:

- Check if this is community property (see instructions)

Current value of the entire property?

\$10,000.00

Current value of the portion you own?

\$10,000.00

Debtor 1

PatriciaE.K.Schoenbachler

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## 3.2 Make:

Freightliner  
Light Duty**Who has an interest in the property? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information: \_\_\_\_\_

- Check if this is community property (see instructions)**

**Current value of the entire property?**

\$10,000.00

**Current value of the portion you own?**

\$10,000.00

## 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

## 4.1 Make: \_\_\_\_\_

Casa**Who has an interest in the property? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: \_\_\_\_\_

Heavy Duty  
Trailer

Year: \_\_\_\_\_

2008

Other information: \_\_\_\_\_

- Check if this is community property (see instructions)**

**Current value of the entire property?**

\$1,000.00

**Current value of the portion you own?**

\$1,000.00

If you own or have more than one, list here:

## 4.2 Make: \_\_\_\_\_

Comet**Who has an interest in the property? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: \_\_\_\_\_

Trailer

Year: \_\_\_\_\_

1983

Other information: \_\_\_\_\_

- Check if this is community property (see instructions)**

**Current value of the entire property?**

\$1,000.00

**Current value of the portion you own?**

\$1,000.00

Debtor 1

PatriciaE.K.Schoenbachler

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

4.3 Make:

Allay**Who has an interest in the property?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model:

trailer

Year:

1974

Other information:

Check if this is community property (see instructions)

**Current value of the entire property?**

\$1,000.00

**Current value of the portion you own?**

\$1,000.00

4.4 Make:

Kalyn**Who has an interest in the property?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model:

Trailer

Year:

1982

Other information:

Check if this is community property (see instructions)

**Current value of the entire property?**

\$1,000.00

**Current value of the portion you own?**

\$1,000.00

4.5 Make:

custom**Who has an interest in the property?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model:

trailer

Year:

1997

Other information:

Check if this is community property (see instructions)

**Current value of the entire property?**

\$3,000.00

**Current value of the portion you own?**

\$3,000.00

4.6 Make:

Apollo**Who has an interest in the property?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model:

boat on 1997ezloadertrailer

Year:

1977

Other information:

Check if this is community property (see instructions)

**Current value of the entire property?**

\$800.00

**Current value of the portion you own?**

\$800.00

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

→ \$30,800.00

Part 3: Describe Your Personal and Household Items

Debtor 1

PatriciaE.K.Schoenbachler

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe.....

used furniture, TV, linens, dishes

\$3,000.00

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe.....**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....

Debtor 1 Patricia E.K. Schoenbachler Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

	_____
--	-------

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Describe.....

	_____
--	-------

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached  
for Part 3. Write that number here..... →

**\$4,000.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the  
portion you own?**

Do not deduct secured  
claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash.....

\_\_\_\_\_

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1. Checking account: Key Bank **\$7,400.00**

17.2. Checking account: \_\_\_\_\_

17.3. Savings account: Key Bank **\$2,900.00**

17.4. Savings account: \_\_\_\_\_

17.5. Certificates of deposit: \_\_\_\_\_

17.6. Other financial account: \_\_\_\_\_

17.7. Other financial account: \_\_\_\_\_

Debtor 1 Patricia E.K. Schoenbachler Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

17.8. Other financial account: \_\_\_\_\_

17.9. Other financial account: \_\_\_\_\_

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- No  
 Yes.....

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- No  
 Yes. Give specific information about them.....

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- No  
 Yes. Give specific information about them.....

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No  
 Yes. List each account separately.

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- No  
 Yes.....

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- No  
 Yes.....

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No  
 Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- No  
 Yes. Give specific information about them....

Debtor 1 Patricia E.K. Schoenbachler Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them....

--	--

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them....

--	--

**Money or property owed to you?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

--

Federal:

State:

Local:

--

--

--

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

--

Alimony:

Maintenance:

Support:

Divorce settlement:

Property settlement:

--

--

--

--

--

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

--

--

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

Debtor 1

Patricia

E.K.

Schoenbachler

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information.....

--	--

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

--	--

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim.....

--	--

**35. Any financial assets you did not already list**

No

Yes. Give specific information.....

--	--

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →**

**\$10,300.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

No

Yes. Describe.....

--	--

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

--	--

Debtor 1 Patricia E.K. Schoenbachler Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

--	--

41. Inventory

No

Yes. Describe.....

--	--

42. Interests in partnerships or joint ventures

No

Yes. Describe.....

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

--	--

44. Any business-related property you did not already list

No

Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... →

\$0.00
--------

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes.....

--	--

48. Crops—either growing or harvested

No

Yes. Give specific information.....

--	--

Debtor 1 Patricia E.K. Schoenbachler Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No

Yes.....

--	--

50. Farm and fishing supplies, chemicals, and feed

No

Yes.....

--	--

51. Any farm- and commercial fishing-related property you did not already list

No

Yes. Give specific information.....

--	--

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

\$0.00
--------

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information.....


54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00
--------

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... →

\$461,825.00
--------------

56. Part 2: Total vehicles, line 5

\$30,800.00

57. Part 3: Total personal and household items, line 15

\$4,000.00

58. Part 4: Total financial assets, line 36

\$10,300.00

59. Part 5: Total business-related property, line 45

\$0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$0.00

61. Part 7: Total other property not listed, line 54

+ \$0.00

Debtor 1

Patricia

E.K.

Schoenbachler

First Name

Middle Name

Last Name

Case number (*if known*) \_\_\_\_\_

62. **Total personal property.** Add lines 56 through 61.....

\_\_\_\_\_ \$45,100.00

Copy personal property total → +

\_\_\_\_\_ \$45,100.00

63. **Total of all property on Schedule A/B.** Add line 55 + line 62.....

\_\_\_\_\_ \$506,925.00

Fill in this information to identify your case:

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbachler</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

1.  You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 2007 Chevrolet Tahoe	\$10,000.00	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Line from Schedule A/B: 3.1			
Brief description: 1992 Freightliner Light Duty	\$10,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Line from Schedule A/B: 3.2			
		<input checked="" type="checkbox"/> \$10,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)

Debtor 1 Patricia E.K. Schoenbachler Case number (*if known*) \_\_\_\_\_  
First Name Middle Name Last Name

Part 2: Additional Page

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Debtor 1

Patricia  
First Name

E.K.

Middle Name

Schoenbachler  
Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: used furniture, TV, linens, dishes	\$3,000.00	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 6			
Brief description: Personal used clothing.	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 11			
Brief description: Wedding ring and costume jewelry.	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Line from Schedule A/B: 12			
Brief description: Key Bank Checking account	\$7,400.00	<input checked="" type="checkbox"/> \$7,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17			
Brief description: Key Bank Savings account	\$2,900.00	<input checked="" type="checkbox"/> \$2,900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17			

Fill in this information to identify your case:

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbachler</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.1	Ally Financial Creditor's Name PO Box 380901 Number Street Minneapolis, MN 55438-0901 City State ZIP Code	Describe the property that secures the claim: 2007 Chevrolet Tahoe	\$2,211.67	\$10,000.00	\$0.00
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Nature of lien. Check all that apply.					
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)					
Last 4 digits of account number <u>9_3_1_3</u>					
Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$2,211.67</u>					

Debtor 1

Patricia  
First NameE.K.  
Middle NameSchoenbachler  
Last Name

Case number (if known) \_\_\_\_\_

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

## 2.2 Shellpoint Mortgage Servicing

Creditor's Name

PO Box 10826

Number Street

Greenville, SC 29603

City State ZIP Code

Who owes the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a  
community debt

Date debt was incurred

## Describe the property that secures the claim:

Farm with house and mobile home.  
303-304 Meadow Lane Orting, WA 98360

## As of the date you file, the claim is: Check all that apply.

 Contingent Unliquidated Disputed

## Nature of lien. Check all that apply.

 An agreement you made (such as mortgage or  
secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)

\$590,068.97

\$461,825.00

\$128,243.97

Last 4 digits of account number 9 9 9 6Add the dollar value of your entries in Column A on this page. Write that number here: \$590,068.97If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$592,280.64

Debtor 1

Patricia      E.K.      Schoenbachler  
First Name      Middle Name      Last Name

Case number (*if known*) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1 McCarthy & Holthus  
Name  
108 1st Ave S 300  
Number      Street

On which line in Part 1 did you enter the creditor? 2  
Last 4 digits of account number \_\_\_\_\_

Seattle, WA 98104  
City                  State                  ZIP Code

Fill in this information to identify your case:

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbachler</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 IRS Centralized Insolvency Operation	\$27,000.00	\$27,000.00	\$0.00
Priority Creditor's Name	Last 4 digits of account number		
Po Box 7346			
Number Street	When was the debt incurred?		
Philadelphia, PA 19101-7346	As of the date you file, the claim is: Check all that apply.		
City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify		
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Remarks: Notice Only			

Debtor 1

Patricia

E.K.

Schoenbachler

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

**Total claim****\$342.71****4.1 AMCA Collection Agency**

Nonpriority Creditor's Name

**4 Westchester Plaza Building 4**

Number Street

**Elmsford, NY 10523**

City State ZIP Code

**Who incurred the debt? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

**Last 4 digits of account number 7660****\$342.71****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**medical bill**

**4.2 Audit & Adjustment**

Nonpriority Creditor's Name

**20700 44TH AVE W STE 100**

Number Street

**Lynnwood, WA 98036**

City State ZIP Code

**Who incurred the debt? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

**Last 4 digits of account number 3030****\$1,034.03****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**medical bill**

**4.3 Barraza Law PLLC**

Nonpriority Creditor's Name

**14245 Ambaum Blvd Sw F**

Number Street

**Burien, WA 98166-1421**

City State ZIP Code

**Who incurred the debt? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

**Last 4 digits of account number \_\_\_\_\_****unknown****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**attorney fees**

Debtor 1 Patricia E.K. Schoenbacher Case number (if known) \_\_\_\_\_

First Name Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.4	<b>Capio Partners</b> Nonpriority Creditor's Name <u>2222 Texoma Pkwy 150</u> Number Street <u>Sherman, TX 75090</u> City State ZIP Code	Last 4 digits of account number <u>0122</u>	<u>\$3,326.64</u>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>	
4.5	<b>First Step Group, LLC</b> Nonpriority Creditor's Name <u>6300 Shingle creek Pkwy</u> Number Street <u>Minneapolis, MN 55430</u> City State ZIP Code	Last 4 digits of account number <u>2424</u>	<u>unknown</u>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Cach LLC</u>	
4.6	<b>IC System</b> Nonpriority Creditor's Name <u>PO Box 64437</u> Number Street <u>Saint Paul, MN 55164</u> City State ZIP Code	Last 4 digits of account number <u>1752</u>	<u>\$388.26</u>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill for late husband</u>	

Debtor 1 **Patricia E.K. Schoenbacher** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.7	<b>PUGET SOUND COLLECTIONS</b> Nonpriority Creditor's Name <b>PO BOX 66995</b> Number Street <b>TACOMA, WA 98464-6995</b> City State ZIP Code	Last 4 digits of account number <u>6037</u>	<u>\$601,036.71</u>
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? _____	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bills from late husband</b>	
4.8	<b>Washington Nuclear Medicine</b> Nonpriority Creditor's Name <b>PO Box 1718</b> Number Street <b>Auburn, WA 98071</b> City State ZIP Code	Last 4 digits of account number _____	<u>\$18.48</u>
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? _____	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	

Debtor 1 **Patricia E.K. Schoenbachler** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total claim</b>
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. _____ <b>\$0.00</b>
	6b. Taxes and certain other debts you owe the government	6b. _____ <b>\$0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. _____ <b>\$0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + _____ <b>\$27,000.00</b>
	6e. Total. Add lines 6a through 6d.	6e. _____ <b>\$27,000.00</b>

		<b>Total claim</b>
<b>Total claims from Part 2</b>	6f. Student loans	6f. _____ <b>\$0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. _____ <b>\$0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. _____ <b>\$0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + _____ <b>\$606,146.83</b>
	6j. Total. Add lines 6f through 6i.	6j. _____ <b>\$606,146.83</b>

Fill in this information to identify your case:

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbachler</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease			State what the contract or lease is for		
2.1						
	Name					
	Number Street					
	City	State	ZIP Code			
2.2						
	Name					
	Number Street					
	City	State	ZIP Code			
2.3						
	Name					
	Number Street					
	City	State	ZIP Code			
2.4						
	Name					
	Number Street					
	City	State	ZIP Code			

Fill in this information to identify your case:

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbachler</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? Washington. Fill in the name and current address of that person.

Schoenbachler, Fred J.

Name of your spouse, former spouse, or legal equivalent

Number      Street

City            State       ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name

Number      Street

City            State       ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbachler</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	<b>Debtor 1</b>	<b>Debtor 2 or non-filing spouse</b>
<b>Employment status</b>	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed
<b>Occupation</b>		
<b>Employer's name</b>		
<b>Employer's address</b>	Number Street	Number Street
	City      State      Zip Code	City      State      Zip Code
<b>How long employed there?</b>		

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
---------------------	--

##### 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2. \_\_\_\_\_ \$0.00      \_\_\_\_\_ \$0.00

##### 3. Estimate and list monthly overtime pay.

3. + \_\_\_\_\_ \$0.00      + \_\_\_\_\_ \$0.00

##### 4. Calculate gross income. Add line 2 + line 3.

4. \_\_\_\_\_ \$0.00      \_\_\_\_\_ \$0.00

Debtor 1	Patricia	E.K.	Schoenbacher	Case number (if known) _____	
	First Name	Middle Name	Last Name		
				For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here.....→</b>				4. _____ \$0.00	\$0.00
<b>5. List all payroll deductions:</b>				5a. _____ \$0.00	\$0.00
5b. <b>Mandatory contributions for retirement plans</b>				5b. _____ \$0.00	\$0.00
5c. <b>Voluntary contributions for retirement plans</b>				5c. _____ \$0.00	\$0.00
5d. <b>Required repayments of retirement fund loans</b>				5d. _____ \$0.00	\$0.00
5e. <b>Insurance</b>				5e. _____ \$0.00	\$0.00
5f. <b>Domestic support obligations</b>				5f. _____ \$0.00	\$0.00
5g. <b>Union dues</b>				5g. _____ \$0.00	\$0.00
5h. <b>Other deductions. Specify: _____</b>				5h. + _____ \$0.00	+ _____ \$0.00
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.				6. _____ \$0.00	\$0.00
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.				7. _____ \$0.00	\$0.00
<b>8. List all other income regularly received:</b>					
8a. <b>Net income from rental property and from operating a business, profession, or farm</b>					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
8b. <b>Interest and dividends</b>				8a. _____ \$2,600.00	\$0.00
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b>				8b. _____ \$0.00	\$0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				8c. _____ \$0.00	\$0.00
8d. <b>Unemployment compensation</b>				8d. _____ \$0.00	\$0.00
8e. <b>Social Security</b>				8e. _____ \$0.00	\$0.00
8f. <b>Other government assistance that you regularly receive</b>					
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
Specify: _____					
8g. <b>Pension or retirement income</b>				8f. _____ \$0.00	\$0.00
8h. <b>Other monthly income. Specify: _____</b>				8g. _____ \$5,211.40	\$0.00
				8h. + _____ \$0.00	+ _____ \$0.00
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.				9. _____ \$7,811.40	\$0.00
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse				10. _____ \$7,811.40	+ _____ \$0.00 = _____ \$7,811.40
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>					
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.					
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.					
Specify: _____				11. + _____ \$0.00	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies				12. _____ \$7,811.40	
				<b>Combined monthly income</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>					
<input checked="" type="checkbox"/> No. _____					
<input type="checkbox"/> Yes. Explain: _____					

Fill in this information to identify your case:

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbachler</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
     No  
     Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents' names.

_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No.
_____	_____	<input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No.
_____	_____	<input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No.
_____	_____	<input type="checkbox"/> Yes.

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4.

##### If not included in line 4:

- 4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues

4a. \$0.00  
4b. \$0.00  
4c. \$0.00  
4d. \$0.00

Debtor 1	<u>Patricia</u>	<u>E.K.</u>	<u>Schoenbachler</u>	Case number (if known) _____
	First Name	Middle Name	Last Name	
				<b>Your expenses</b>
5. Additional mortgage payments for your residence, such as home equity loans	5.	_____		
6. Utilities:				
6a. Electricity, heat, natural gas	6a.	\$200.00		
6b. Water, sewer, garbage collection	6b.	\$0.00		
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$150.00		
6d. Other. Specify: _____	6d.	\$0.00		
7. Food and housekeeping supplies	7.	\$300.00		
8. Childcare and children's education costs	8.	\$0.00		
9. Clothing, laundry, and dry cleaning	9.	\$0.00		
10. Personal care products and services	10.	\$0.00		
11. Medical and dental expenses	11.	\$0.00		
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$0.00		
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00		
14. Charitable contributions and religious donations	14.	\$0.00		
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.				
15a. Life insurance	15a.	\$0.00		
15b. Health insurance	15b.	\$0.00		
15c. Vehicle insurance	15c.	\$0.00		
15d. Other insurance. Specify: _____	15d.	\$0.00		
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$0.00		
17. Installment or lease payments:				
17a. Car payments for Vehicle 1	17a.			
17b. Car payments for Vehicle 2	17b.			
17c. Other. Specify: _____	17c.			
17d. Other. Specify: _____	17d.			
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l).	18.	\$0.00		
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$0.00		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.				
20a. Mortgages on other property	20a.	\$2,500.00		
20b. Real estate taxes	20b.	\$0.00		
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00		
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00		
20e. Homeowner's association or condominium dues	20e.	\$0.00		

Debtor 1 **Patricia E.K. Schoenbachler** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

21. Other. Specify: \_\_\_\_\_

21. + \$0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a. \$3,150.00

22b. \$0.00

22c. \$3,150.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$7,811.40

23b. Copy your monthly expenses from line 22c above.

23b. - \$3,150.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$4,661.40

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

None

Yes.

Fill in this information to identify your case:

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbachler</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b>
		Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$461,825.00
1b.	Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$45,100.00
1c.	Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$506,925.00

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b>
		Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$592,280.64
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$27,000.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	+ \$606,146.83
		<b>Your total liabilities</b>
		\$1,225,427.47

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$7,811.40
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$3,150.00

Debtor 1

**Patricia**

**E.K.**

First Name

Middle Name

**Schoenbachler**

Last Name

Case number (if known) \_\_\_\_\_

Part 4: Answer These Questions for Administrative and Statistical Records

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

- Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$5,211.40

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00

9d. Student loans. (Copy line 6f.) \$0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$0.00

9g. **Total.** Add lines 9a through 9f. \$0.00

Fill in this information to identify your case:

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbachler</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Patricia E.K. Schoenbachler  
Patricia E.K. Schoenbachler, Debtor 1

X \_\_\_\_\_

Date 07/16/2019  
MM/ DD/ YYYY

Date \_\_\_\_\_  
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbachler</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>Western District of Washington</b>			
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

- Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

- No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street	From _____ To _____	Number Street	From _____ To _____
City	State ZIP Code	City	State ZIP Code
Number Street	From _____ To _____	Number Street	From _____ To _____
City	State ZIP Code	City	State ZIP Code

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 **Patricia E.K. Schoenbacher** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	<b>Debtor 1</b>		<b>Debtor 2</b>
	<b>Sources of income</b> Check all that apply.	<b>Gross Income</b> (before deductions and exclusions)	<b>Sources of income</b> Check all that apply.
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For last calendar year:</b> (January 1 to December 31, <u>2018</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2017</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	<b>Debtor 1</b>		<b>Debtor 2</b>
	<b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Sources of income</b> Describe below.
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	L&I _____ _____ _____	\$31,261.80 _____ _____ _____	_____
<b>For last calendar year:</b> (January 1 to December 31, <u>2018</u> ) YYYY	L&I _____ _____ _____	\$59,643.08 _____ _____ _____	_____
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2017</u> ) YYYY	L&I _____ _____ _____	\$58,088.46 _____ _____ _____	_____

Debtor 1 **Patricia E.K. Schoenbacher** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Creditor's Name	_____	_____	_____
Number Street	_____	_____	_____
City	State	ZIP Code	_____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	_____	_____	_____
Number Street	_____	_____	_____
City	State	ZIP Code	_____

Debtor 1 **Patricia E.K. Schoenbachler** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name	_____	_____	_____
Number Street	_____	_____	_____
City State ZIP Code	_____	_____	_____

#### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
Case title <u>MONYM v. Schoenbachler</u>	Judicial Foreclosure	Pierce County Superior Court Court Name Number Street City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>17-2-13592-1</u>			

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name	_____	_____
Number Street	Explain what happened	
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	
City State ZIP Code		

Debtor 1 **Patricia E.K. Schoenbachler** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

No

Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount taken
Creditor's Name			
Number Street			
City	State	ZIP Code	Last 4 digits of account number: XXXX- _____

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

No

Yes

#### Part 5: List Certain Gifts and Contributions

**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			
Number Street			
City	State	ZIP Code	
Person's relationship to you _____			

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No

Yes. Fill in the details for each gift or contribution.

Debtor 1	<b>Patricia</b>	<b>E.K.</b>	<b>Schoenbachler</b>	Case number (if known) _____
	First Name	Middle Name	Last Name	
<b>Gifts or contributions to charities that total more than \$600</b>		<b>Describe what you contributed</b>		<b>Date you contributed</b>
Charity's Name				
Number Street				
City State ZIP Code				

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No

Yes. Fill in the details.

<b>Describe the property you lost and how the loss occurred</b>	<b>Describe any insurance coverage for the loss</b>	<b>Date of your loss</b>	<b>Value of property lost</b>
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.			

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

	<b>Description and value of any property transferred</b>	<b>Date payment or transfer was made</b>	<b>Amount of payment</b>
Henry & DeGraaff, P.S.	Attorney's Fee; Attorney's Fee		
Person Who Was Paid		05/17/2019	\$836.00
787 Maynard Ave S		07/15/2019	\$2,450.00
Number Street			
Seattle, WA 98104			
City State ZIP Code			
mainline@hdm-legal.com			
Email or website address			
Person Who Made the Payment, if Not You			

Debtor 1 **Patricia E.K. Schoenbachler** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				
Number	Street			
City	State	ZIP Code		

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

		Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer				
Number	Street			
City	State	ZIP Code		

Person's relationship to you \_\_\_\_\_

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

No

Yes. Fill in the details.

		Description and value of the property transferred	Date transfer was made
Name of trust			

Debtor 1 **Patricia E.K. Schoenbacher** Case number (if known) \_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

Name of Financial Institution \_\_\_\_\_

XXXX- \_\_\_\_\_

Checking \_\_\_\_\_

Savings \_\_\_\_\_

Money market \_\_\_\_\_

Brokerage \_\_\_\_\_

Other \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

No

Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name _____	_____	_____
Number Street _____	Number Street _____	_____
City _____ State _____ ZIP Code _____	_____	_____

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No

Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name _____	_____	_____
Number Street _____	Number Street _____	_____
City _____ State _____ ZIP Code _____	_____	_____

Debtor 1 **Patricia E.K. Schoenbachler** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No

Yes. Fill in the details.

Where is the property?		Describe the property	Value
<input type="text" value="Ted J. Shoenbachler"/> Owner's Name  <input type="text"/> Number Street		Union Bank Account number 8833 - SS Disability payments are deposited in this account for benefit of Ted Schoenbachler. Debtor's name is on the account.	<input type="text" value="\$0.00"/>
<input type="text"/> Number Street		<input type="text"/> City State ZIP Code	
<input type="text"/> City State ZIP Code			

**Part 10: Give Details About Environmental Information**

**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

**Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
<input type="text"/> Name of site  <input type="text"/> Number Street	<input type="text"/> Governmental unit  <input type="text"/> Number Street	<input type="text"/> City State ZIP Code
<input type="text"/> City State ZIP Code		

**25. Have you notified any governmental unit of any release of hazardous material?**

No

Yes. Fill in the details.

Debtor 1	First Name	Middle Name	Last Name	Case number (if known) _____		
	Patricia	E.K.	Schoenbachler			
				<b>Governmental unit</b>	<b>Environmental law, if you know it</b>	<b>Date of notice</b>
Name of site		Governmental unit				
Number	Street	Number	Street			
		City	State	ZIP Code		
City		State	ZIP Code			

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No

Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____ Court Name _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Number Street _____		
Case number _____ City _____ State _____ ZIP Code _____		

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Name _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street _____		EIN: _____ - _____
City _____ State _____ ZIP Code _____	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____

Debtor 1 **Patricia E.K. Schoenbachler** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_ MM / DD / YYYY \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X \_\_\_\_\_ /s/ Patricia E.K. Schoenbachler  
Signature of Patricia E.K. Schoenbachler, Debtor 1

X \_\_\_\_\_  
Signature of \_\_\_\_\_

Date 07/16/2019

Date \_\_\_\_\_

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**United States Bankruptcy Court**  
Western District of Washington

**In re**

Schoenbachler, Patricia E.K.

Case No. \_\_\_\_\_

**Debtor(s)**Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$3,286.00
Prior to the filing of this statement I have received .....	\$3,286.00
Balance Due .....	<u>\$0.00</u>

2. The source of the compensation to be paid to me was:

Debtor       Other (specify) \_\_\_\_\_

3. The source of compensation to be paid to me is:

Debtor       Other (specify) \_\_\_\_\_

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/16/2019

Date

/s/ Jacob D DeGraaff

Signature of Attorney

Jacob D DeGraaff

Bar Number: 36713

Henry & DeGraaff, P.S.

Henry & DeGraaff, PS

787 Maynard Ave S

Seattle, WA 98104

Phone: (206) 330-0595

Henry & DeGraaff, P.S.

Name of law firm

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF WASHINGTON  
SEATTLE DIVISION

IN RE: Schoenbachler, Patricia E.K.

CASE NO

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 07/16/2019

Signature /s/ Patricia E.K. Schoenbachler

Patricia E.K. Schoenbachler, Debtor

**Ally Financial**  
PO Box 380901  
Minneapolis, MN 55438-0901

**AMCA Collection Agency**  
4 Westchester Plaza Building 4  
Elmsford, NY 10523

**Audit & Adjustment**  
20700 44TH AVE W STE 100  
Lynnwood, WA 98036

**Barraza Law PLLC**  
14245 Ambaum Blvd Sw F  
Burien, WA 98166-1421

**Capio Partners**  
2222 Texoma Pkwy 150  
Sherman, TX 75090

**First Step Group, LLC**  
6300 Shingle creek Pkwy  
Minneapolis, MN 55430

**IC System**  
PO Box 64437  
Saint Paul, MN 55164

**IRS Centralized Insolvency  
Operation**  
Po Box 7346  
Philadelphia, PA 19101-7346

McCarthy & Holthus  
108 1st Ave S 300  
Seattle, WA 98104

PUGET SOUND COLLECTIONS  
PO BOX 66995  
TACOMA, WA 98464-6995

Shellpoint Mortgage Servicing  
PO Box 10826  
Greenville, SC 29603

Washington Nuclear Medicine  
PO Box 1718  
Auburn, WA 98071